

Texas Department of State Health Services (TDSHS)
Bureau of HIV /STD Prevention

HOPWA Project Review

Date of Review:

Administrative Agency (AA)	
AA Location	
HOPWA Provider(s)	
Provider(s) Location	
Period of Contract	
Contract Number	
Name of Contact/Title	
Regional HIV Coordinator	
Field Operations Consultant	
Program Staff Present	

Indicate if program has met identified requirements using the following ratings:

M=Met

PM=Partially Met

NM=Not Met

NE= Not Evaluated

NA=Not Applicable

A. Administration		
	1.	The current RFP/RFA is on file.
	2.	The original application/proposal is on file.
	3.	The correct budget, objectives, and work plan is on file.
	4.	The current Provider(s) contracts are on file.
	5.	The project reports are being submitted accurately and on time.

Comments:

Requirements:

B. Fiscal						
	1.	The budget expenditures are on target. Period reviewed: _____				
		Provider(s)	Grant Amount	Spent	% Spent	Under /Over Spent Funds
	a.					
	b.					
	c.					
	d.					
	2.	The current Financial Status Report (FSR/269A) form is on file.				
	3.	The final FSR from previous contract year indicates expenditures were on track.				
	4.	HOPWA Provider(s) are within the 7% administrative cost cap.				
	5.	AA has a plan to address overspending/lapsing of funds by Provider(s).				
	6.	The AA uses a budget-screening tool to negotiate budgets with Provider(s).				
	7.	AA assures that expenditures are reported in the HOPWA Project Reports include the following for the period reviewed: <ul style="list-style-type: none"> • AA administrative cost • Emergency Assistance • Rental Assistance • Provider(s) Administrative cost • Provider(s) non-administrative operating cost (ex: HOPWA case manager salary, fringe, local travel, smoke alarms) 				

Comments:

Requirements:

C. Planning and Evaluation		
Time frame evaluated: _____		
	1.	Performance Measures as submitted with the RFA are on target or were met for the time frame evaluated.
	2.	The AA assures that Providers develop a local policy to address the provision of assistance to survivors and remaining household members of clients entering incarceration, drug treatment, and hospice care.
	3.	The AA assures that Provider(s) has an outreach procedure on file.
	4.	There is documentation that the AA and Provider(s) collaborate to develop emergency assistance caps (including utilities).
	5.	There is documentation that the Provider(s) has established a liason with the local Section 8 authority.
	6.	The AA assures that the Provider(s) has a policy requiring HOPWA clients to apply for Section 8 Housing and renew this application every 90 days or as required by the Section 8 program.
	7.	The AA assures that the Provider(s) has a system to track requirement of HOPWA clients applying and renewing application for Section 8 Housing.
	8.	The AA assures that Provider(s) has a system to track the actual number of clients transitioning to Section 8 or other types of housing in the contract year.
	9.	The AA assures that Provider(s) has a policy/plan to prioritize clients on HOPWA waiting list. (Indicate number of clients on waiting list by Provider(s).
	10.	The AA assures that the Provider(s) has implemented their Quality Assurance Plan.

Comments:

Requirements:

D. AA Review of Provider(s)		
	1.	The AA has a policy/procedure that identifies the process and frequency of on-site and desktop HOPWA reviews.
	2.	There is documentation that the AA has followed their policy/procedures regarding HOPWA reviews.
	3.	The AA assures that Provider(s) obtains the local Utility Allowance Schedule from the Public Housing Authority.
	4.	The AA assures that Provider(s) uses the latest Income Table for use in establishing low-income eligibility.
	5.	The AA assures that Provider(s) uses the latest Fair Market Rental rates table to establish maximum rental assistance allowances.

Comments:

Requirements:

E. Client File Review		
		AA assures that the following items are documented in the Provider(s) client files:
	1.	case notes are timely, legible and complete
	2.	HIV-positive status
	3.	signed and completed HOPWA application
	4.	the nature of the client's emergency and housing plan are fully documented on the Emergency Worksheet and reassessed each time the client applies for Emergency Assistance
	5.	client's application that is updated annually for Rental Assistance and every time the client is certified for Emergency Assistance
	6.	appropriate section on Rental or Emergency Assistance Worksheet calculated correctly
	7.	correct backup documents (lease agreements, mortgage statement, and/or utility bills)
	8.	Rental/Emergency Assistance Worksheet signed by the client and the case manager
	9.	client's gross income calculated correctly on the Gross Income Worksheet
	10.	client's adjusted income calculated correctly on the Adjusted Income Worksheet
	11.	supporting documents verifying income
	12.	Termination Form completed correctly, if client is no longer in the program
	13.	written notice containing a clear statement of the reason for termination was provided to the client, if client was terminated for violating program requirements or conditions of occupancy
	14.	case management and supportive services offered to client
	15.	acknowledgement that the client received the Lead-Based Paint and Fair Housing pamphlets
	16.	Housing Quality Standards inspection has been performed and documented if client is certified for Rental Assistance
	17.	a hard-wired or battery operated smoke detector is installed in client's residence; or for Emergency Assistance, a signed client acknowledgment is on file

Comments:

Requirements: